MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 25922

Township ..... Primary Registration District No. 503 Registered No. 7782

City St Louis (No. Deaconess Hosp St. ..... Ward)

2. FULL NAME Nettie Hart

(a) Residence. No. Baden Station St., 8 Ward. (If nonresident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married

5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Oran C Hart

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Oct 9, 1860

7. AGE: Years 67 | Months 9 | Days 18 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: At Home 46 59
(b) General nature of industry, business, or establishment in which employed (or employer): 127 E
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Pennsylvania

PARENTS
10. NAME OF FATHER: Geo West
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Germany
12. MAIDEN NAME OF MOTHER: Unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Unknown

14. INFORMANT: Oran C. Hart
(Address) Baden Station

15. FILED JUL 28 1928, 19.. Max C Stanley REGISTRAR

MEDICAL CERTIFICATE OF DEATH 3

16. DATE OF DEATH (MONTH, DAY AND YEAR): July 27 1928

17. I HEREBY CERTIFY, That I attended deceased from July 21, 1928, to July 27, 1928, that I last saw her alive on July 27, 1928, and that death occurred, on the date stated above, at 2:20 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Carcinoma of Stomach
Diabetes Mellitus
(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY): Arteriosclerosis
(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH?

8 DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....

WAS THERE AN AUTOPSY? .....

WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) L. H. Hampton, M.D.

7/27, 1928 (Address) 626 Metropolitan Bldg

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Friedens Cem. DATE OF BURIAL: July 30 1928

20. UNDERTAKER: Yron Lt Ulo 2709 ADDRESS: N Grand

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

...INK—THIS IS A PERMANENT RECORD